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Date: May 17, 2005

FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9306

To:

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Examiner G. Chu

Group Art Unit 2114, USPTO

From: Mr.

Colin D. Barnit

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re:

USSN 10/006,669

Attorney Docket No.: TSM-18

## **CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Colin D. Barnitz Reg. No. 35,061 <u>May 17, 2005</u>

Date

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FORM PTO-1083

PATENT

Case Docket No. TSM-18

In RE application of

H. OGAWA et al

Serial No.: 10/006,669

Group Art Unit:

2114

Filed: December 10, 2001

Examiner:

G. Chu

For: DISK APPARATUS

**Assistant Commissioner for Patents** Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(C	OL. 1)		(C	OL. 2)	{C	OL. 3)
	Claims Remaining After Amendment			Highest No. Previously Paid For		Present Extre	
Total		5	Minus	••	20	1	0
Indep.	•	1	Minus	•••	3	=	0
Firs	Prese	ntation of I	Multiple Dej	oondent	Claims		

Rete	Additional Fee
x 9	

SMALL ENTITY			
Rete	Additional Fee	OR	
x 9	•		
x 42	*		
+ 140	5		
Yotel	\$	OR	

OTHER THAN A SMALL ENTITY

Rate	Additional Fee	
× 18	8	Ö
× 84	6	0
+ 280	8	0
Total	\$	0

If the entry in Coi, 1 is less than the entry in Coi, 2, write '0' in Coi, 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.

The 'Highest Number Previously Paid For' (Total or independent) is the highest number found from the equivalent box in Coi. 1 of a prior Amendment or the number of claims originally filled.

	Please	charge my Deposit Account No. 50-1417 in the amount of \$					
	A che	ck in the amount of \$ is attached in payment of:					
×	The C	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.					
,	x	Any filing faes under 37 CFR 1.16 for the presentation of extra claims.					
	x	Any patent application processing fees under 37 CFR 1.17.					
	x	Any Extension of Time fees that are necessary, which are hereby requested if necessary.					

MATTINGLY, STANGER & MALUR, P.C. 1800 Diagonal Rd., Suite 370 Alexandria, Virginia 22314 (703) 684-1120

Date: May 17, 2005

Colin D. Barnitz

Reg. No. 35,061 Attorney for Applicant(s)

## IN THE UNITED STATES PATENT AND TRADEMARK

Appl. No.

10/006,669

Confirmation No. 2239

**Applicant** 

H. OGAWA et al

Filed

December 10, 2001

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Titled

**DISK APPARATUS** 

MAY 1 7 2005

TC/A.U.

2114

Examiner

G. Chu

Docket No. :

**TSM-18** 

Customer No.:

24956

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Commissioner for Patents

PO Box 1450

Alexandria VA 22313-1450

## **AMENDMENT**

Sir:

In response to the Office Action of February 17, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper; and

Remarks begin on page 5 of this paper.